

sion of turpentine and creasote, and preparations containing chlorine, were used with some advantage, perhaps; but nothing would take the place of the acet. plumb. and opium.

I am not able to give the constitutional treatment, as it was varied from day to day to suit the changing indications of the case; nor would it be warrantable to burden this article, which has already occupied much more space than I intended.

Sulph. quinia and opium were given most of the time. Toward the last, sulph. quinia and tinct. stry., tinct. fer. muriat., and the ternitrate of iron, were used with good results. The raw egg, beat up with brandy and sugar, was his only nourishment for several days; indeed, from December 24 to January 20, he literally subsisted upon it, for it was both his drink and food.

Convalescence, after the 20th of January, was very rapid. The ligature on the profunda came away in eighteen, and the one on the iliac in forty-nine days. The one on the circumflex came away much sooner—perhaps in five days.

Mr. M. has been able to attend to his affairs since early in the spring, and is now (Jan. 11, 1856) on his way to California, whither he has gone to resume an active life of business, with a limb—abating a little lack of endurance, which he is slowly recovering—as perfect, for all practical purposes, as the other.

WESTERN STAR, OHIO, Jan. 11, 1856.

ART. IX.—*Case of Wound of the Occipital Artery and Jugular Vein.—Ligature of Carotid Artery.* Reported by JOHN H. PACKARD, M.D., Resident Surgeon to the Pennsylvania Hospital. (With a wood-cut.)

ARTHUR QUILLIN, æt. 46, an Irish railroad labourer of intemperate habits, was admitted into the hospital November 3, 1855. He had been stabbed about ten hours before, while a good deal intoxicated, just below and behind the left ear. Around the wound much swelling and ecchymosis had taken place; a probe introduced into it passed about an inch and a half forwards, and a little inwards. He was covered with blood, but was not then bleeding.

He was placed in bed, and cold water applied; he seemed to do well until November 8th. He bled slightly from the wound; and in arresting the hemorrhage pulsation was perceived in the swelling, which was now much diminished in size.

10th. A consultation having been held, and ligation of the common carotid decided on, Dr. Norris, assisted by Drs. Peace and Hancock, performed the operation before the class, in the usual mode. The tightening of the ligature, which at once arrested the pulsation in the tumour, was followed by

slight convulsive movement, of very short duration. The incision was closed by a single suture and adhesive strips, the patient put to bed, and allowed soup diet. In the afternoon, his lower extremities became very cold; heaters were applied, and the equability of the temperature restored in three or four hours.

19th. He was attacked with erysipelas, commencing on the forehead, in the cicatrix of a wound received at 14 years of age. This subsided in about a week.

December 4th. At 7 P. M., he seemed doing well; complained of no pain or uneasiness. At midnight, he was seized with convulsions; pulse rapid and feeble; breathing difficult; unable to swallow; only slightly conscious. His left eye was glassy, and highly congested; the right natural. The convulsions recurred at unequal intervals for about twenty-four hours, in spite of counter-irritation; but he became quiet about midnight, Dec. 5, and remained so until Dec. 6th, at 2½ P. M., when he died.



*Autopsy*, made by Dr. Neill, twenty-three hours after death.—Body much emaciated; rigor mortis well pronounced.

The incision made at the time of operation was extended upwards over the

anterior part of the tumour, and then round behind the ear; also, downwards to and along the clavicle.

The flap thus formed being turned back, the external jugular vein was found to be double in the neck, the branches anastomosing twice. A comminuted fracture of the clavicle had been sustained by him some twenty years ago; this was firmly united, and the external jugular was adherent to it posteriorly.

The original wound being now prolonged so as to meet this incision, and the dissection carried deeper, a sac was opened, lined by a clot; at the bottom of this sac could be felt the transverse process of the second cervical vertebra.

Three openings existed on the inner wall of the cavity—one large, the distal orifice of the divided jugular vein; the other two, anterior to this, small and close together, were the cardiac and distal orifices of the almost divided occipital artery. A probe, entered at the external carotid, passed into the cavity of the sac by the former of these two orifices; then its extremity, being inserted into the other, reappeared at the back of the head. (Sec cut.)

Below the sac, the cardiac portion of the internal jugular vein was entirely occluded for about half an inch.

The extremities of the common carotid, at the point of ligation, were plugged up by firm coagula, the ligature itself lying loosely in the slough.

The brain appeared somewhat softened throughout; the upper and anterior portion of the left hemisphere, and the posterior portion of the right, were entirely broken down into a pasty mass; there was also some effusion into the ventricles.

ART. X.—*Operation of Ovariectomy successfully performed.* By EZRA P. BENNETT, M. D., Danbury, Conn.

THE subject of this operation was a young lady, 23 years of age, unmarried, of good constitution, and has generally enjoyed good health until about two years since. At that time, she perceived a fulness in the lower part of the abdomen, which gradually and steadily increased, notwithstanding the efforts of several physicians to dissipate it. She consulted me, for the first time, about the middle of December, when she presented the appearance of a woman at the full period of gestation. Her general health was yet good. She attended to her usual duties; ate well; digested and slept well until of late, when she complained of difficulty of breathing and cough, on lying down, occasioned by the pressure of the distended sac upon the diaphragm. She also menstruated regularly. I diagnosed ovarian dropsy, and proposed an operation, to which she readily assented. I selected the time of the operation immediately after the cessation of the menses, thinking that, at this